

GRANDE PRAIRIE HLTH & REHAB CENTER  
10330 PRAIRIE RIDGE BLVD

PLEASANT PRAIRIE 53158 Phone:(262) 612-2800  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 118  
Total Licensed Bed Capacity (12/31/04): 118  
Number of Residents on 12/31/04: 104

Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 105

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		48.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.8	More Than 4 Years		1.9
Day Services	No	Mental Illness (Org./Psy)	7.7	65 - 74	12.5			-----
Respite Care	Yes	Mental Illness (Other)	1.0	75 - 84	35.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	18.3		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	14.4	65 & Over	94.2	-----		
Transportation	No	Cerebrovascular	9.6		-----	RNs		10.3
Referral Service	No	Diabetes	1.0	Gender	%	LPNs		9.3
Other Services	Yes	Respiratory	5.8		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	42.3	Male	25.0	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	75.0			42.1
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	4	12.9	351	1	1.7	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	5	4.8
Skilled Care	27	87.1	351	57	96.6	128	0	0.0	0	14	100.0	198	0	0.0	0	0	0.0	98	94.2
Intermediate	---	---	---	1	1.7	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	31	100.0		59	100.0		0	0.0		14	100.0		0	0.0		0	0.0	104	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	2.5	Bathing	0.0	89.4	10.6	104
Private Home/With Home Health	0.0	Dressing	13.5	78.8	7.7	104
Other Nursing Homes	2.7	Transferring	15.4	72.1	12.5	104
Acute Care Hospitals	80.6	Toilet Use	14.4	75.0	10.6	104
Psych. Hosp.-MR/DD Facilities	0.0	Eating	17.3	76.0	6.7	104
Rehabilitation Hospitals	13.7	*****				
Other Locations	0.5					
Total Number of Admissions	366	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	10.6	Receiving Respiratory Care		8.7
Private Home/No Home Health	76.1	Occ/Freq. Incontinent of Bladder	41.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	31.7	Receiving Suctioning		1.9
Other Nursing Homes	1.4			Receiving Ostomy Care		1.0
Acute Care Hospitals	11.9	Mobility		Receiving Tube Feeding		4.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		12.5
Rehabilitation Hospitals	0.0					
Other Locations	1.9	Skin Care		Other Resident Characteristics		
Deaths	8.6	With Pressure Sores	10.6	Have Advance Directives		58.7
Total Number of Discharges		With Rashes	4.8	Medications		
(Including Deaths)	360			Receiving Psychoactive Drugs		60.6

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.0	88.5	1.01	90.2	0.99	90.5	0.98	88.8	1.00
Current Residents from In-County	89.4	80.0	1.12	82.9	1.08	82.4	1.08	77.4	1.15
Admissions from In-County, Still Residing	12.3	17.8	0.69	19.7	0.62	20.0	0.61	19.4	0.63
Admissions/Average Daily Census	348.6	184.7	1.89	169.5	2.06	156.2	2.23	146.5	2.38
Discharges/Average Daily Census	342.9	188.6	1.82	170.5	2.01	158.4	2.17	148.0	2.32
Discharges To Private Residence/Average Daily Census	261.0	86.2	3.03	77.4	3.37	72.4	3.60	66.9	3.90
Residents Receiving Skilled Care	99.0	95.3	1.04	95.4	1.04	94.7	1.05	89.9	1.10
Residents Aged 65 and Older	94.2	92.4	1.02	91.4	1.03	91.8	1.03	87.9	1.07
Title 19 (Medicaid) Funded Residents	56.7	62.9	0.90	62.5	0.91	62.7	0.91	66.1	0.86
Private Pay Funded Residents	13.5	20.3	0.66	21.7	0.62	23.3	0.58	20.6	0.65
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	8.7	31.7	0.27	36.8	0.24	37.3	0.23	33.6	0.26
General Medical Service Residents	42.3	21.2	2.00	19.6	2.16	20.4	2.07	21.1	2.01
Impaired ADL (Mean)	49.0	48.6	1.01	48.8	1.00	48.8	1.00	49.4	0.99
Psychological Problems	60.6	56.4	1.07	57.5	1.05	59.4	1.02	57.7	1.05
Nursing Care Required (Mean)	5.5	6.7	0.83	6.7	0.82	6.9	0.80	7.4	0.74